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| Fill in this information to identify your case: | | |
|---|-------------------------------|--------------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF GEORGIA, ATLANTA DIVISION | | |
| Case number (if known) | Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | ☐ Check if this is an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

04/20

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | rt 1: | Identify Yourself | | | |
|-----|-----------------------|--|---|---|---|
| | , | | About Debtor 1: | | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | You | r full name | | | |
| | your pictu | e the name that is on government-issued ire identification (for nple, your driver's | Michael First name | - | First name |
| | licen | se or passport). | Middle name | _ | Middle name |
| | Bring iden with | g your picture tification to your meeting the trustee. | Covington Last name and Suffix (Sr., Jr., II, III) | - | Last name and Suffix (Sr., Jr., II, III) |
| 2. | | other names you have | | | |
| | | ide your married or den names. | | | |
| 3. | you num Indi | the last 4 digits of r Social Security ber or federal vidual Taxpayer tification number | xxx-xx-6853 | | |

Debtor 1 Covington, Michael

Case number (if known)

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | |
|----|--|---|---|--|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs. Business name(s) EIN | ☐ I have not used any business name or EINs. Business name(s) EIN | | |
| 5. | Where you live | 3581 Dale Ln SW | If Debtor 2 lives at a different address: | | |
| | | Atlanta, GA 30331-2515 Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | | |
| | | Fulton | | | |
| | | County If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | County If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | |
| 6. | Why you are choosing this district to file for bankruptcy | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | | |
| | | | | | |

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Debtor 1 Covington, Michael Case number (if known)

| 7. | The chapter of the | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. | | | | | | |
|-----------|---|--|---|--|---|--|---------------|--|
| | Bankruptcy Code you are choosing to file under | | | | | | | |
| | - | | hapter 7 | | | | | |
| | | | hapter 11 | | | | | |
| | | | hapter 12 | | | | | |
| | | ЦС | hapter 13 | | | | | |
| 8. How yo | How you will pay the fee | ou will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cash If your attorney is submitting your payment on your behalf, your attorney may pay with a credit care pre-printed address. | | | | | | |
| | | | | | allments. If you choose this option cial Form 103A). | , sign and attach the Application for Individuals t | to Pay The | |
| | | | I request that not required to your family size | t my fee be waivo, waive your fee, ze and you are ur | ved (You may request this option of and may do so only if your income nable to pay the fee in installments) | only if you are filing for Chapter 7. By law, a judg e is less than 150% of the official poverty line that. If you choose this option, you must fill out the | at applies to | |
| | | | to Have the C | Chapter 7 Filing F | ee Waived (Official Form 103B) a | nd file it with your petition. | | |
| 9. | Have you filed for bankruptcy within the last 8 years? | ■ No | | | | | | |
| | | | District | | When | Case number | | |
| | | | District | | When | Case number | | |
| | | | District | | When | Case number | | |
| 10. | Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ■ No | | | | | | |
| | | | Debtor | | | Relationship to you | | |
| | | | District | | When | Case number, if known | | |
| | | | Debtor | | | Relationship to you | | |
| | | | District | | When | Case number, if known | | |
| 11. | Do you rent your residence? | □ No | o. Go to I | ine 12. | | | | |
| | residence. | ■ Ye | es. Has yo | ur landlord obtai | ined an eviction judgment against | you? | | |
| | | | | No. Go to line 1 | 2. | | | |
| | | | | Yes. Fill out <i>Initi</i> bankruptcy petit | | dgment Against You (Form 101A) and file it wit | th this | |

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Page 4 of 53 Document Case number (if known) Debtor 1 Covington, Michael Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time Go to Part 4. No. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as an Name of business, if any individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor or a debtor choosing to proceed Chapter 11 of the under Subchapter V so that it can set appropriate deadlines. If you indicate that you are a small business debtor or you are Bankruptcy Code, and are choosing to proceed under Subchapter V, you must attach your most recent balance sheet, statement of operations, cash-flow you a small business statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B). debtor or a debtor as defined by 11 U.S.C. § 1182(1)? I am not filing under Chapter 11. ■ No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy ■ No. U.S.C. § 101(51D). Code. ☐ Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11. I am filing under Chapter 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I ☐ Yes. choose to proceed under Subchapter V of Chapter 11. Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is alleged to pose a threat of Yes. imminent and identifiable What is the hazard? hazard to public health or safety? Or do you own If immediate attention is any property that needs needed, why is it needed? immediate attention? For example, do you own

perishable goods, or livestock that must be fed,

or a building that needs urgent repairs?

Number, Street, City, State & Zip Code

Where is the property?

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Debtor 1 Covington, Michael

Case number (if known)

15. Tell the court w

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or makinç rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Case number (if known)

Covington, Michael Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C.§ 101(8) as "incurred by an you have? individual primarily for a personal, family, or household purpose." ■ No. Go to line 16b. ■ Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ■ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under ☐ No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Do you estimate that after I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are Yes. any exempt property is paid that funds will be available to distribute to unsecured creditors? excluded and administrative expenses ■ No are paid that funds will be available for distribution ☐ Yes to unsecured creditors? 18. How many Creditors do **1**,000-5,000 **1** 25,001-50,000 1-49 you estimate that you **5001-10.000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ■ More than 100,000 □ 100-199 **200-999** 19. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion \$0 - \$50,000 estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **□** \$100.001 - \$500.000 ☐ More than \$50 billion □ \$500,001 - \$1 million □ \$100,000,001 - \$500 million 20. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your liabilities to □ \$1,000,000,001 - \$10 billion □ \$10,000,001 - \$50 million □ \$50,001 - \$100,000 be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million Sign Below Part 7: I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. For you If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Michael Covington Signature of Debtor 2 **Michael Covington** Signature of Debtor 1 Executed on Executed on **November 3, 2021** MM / DD / YYYY MM / DD / YYYY

Debtor 1

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Debtor 1 Covington, Michael Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| isi Sheronda Di Dobson, Esq | Date | November 3, 2021 |
|--|---------------|--------------------|
| Signature of Attorney for Debtor | | MM / DD / YYYY |
| Chananda D. Dahaan, Fan | | |
| Sheronda D Dobson, Esq | | |
| Printed name | | |
| Law Offices of Sheronda D. Dobson, LLC | | |
| Firm name | | |
| | | |
| 3400 Peachtree Rd NE Suite 1023 | | |
| Atlanta, GA 30326-1107 | | |
| Number, Street, City, State & ZIP Code | | |
| | | |
| Contact phone (770) 373-3100 | Email address | sdd@sdobsonlaw.com |
| 200514 | | |
| 268514 | | <u></u> |
| D b 0 Ot-t- | | |

| | Fill in this | information to identi | fy your case: | | | |
|--------------------|---------------------------|--|--|---|---|---|
| Deb | otor 1 | Michael Coving | Middle Name | Last Name | | |
| | otor 2 use if, filing) | First Name | Middle Name | Last Name | | |
| | | | | | ICION | |
| Unit | ted States Bar | kruptcy Court for the: | NORTHERN DISTRICT C | DF GEORGIA, ATLANTA DIV | ISION | |
| Cas (if kn | se number own) | | | | - | Check if this is an |
| Sta | | of Financial | Affairs for Individ | | ankruptcy | 4/19 |
| infoi (if kr | mation. If monomore | ore space is needed, a er every question. | attach a separate sheet to th | nis form. On the top of any a | additional pages, write your | |
| | | etails About Your Ma current marital statu | rital Status and Where You | Lived Before | | |
| •• | ☐ Married ☐ Not mar | | - | | | |
| 2. | During the la | st 3 vears, have you | lived anywhere other than w | here vou live now? | | |
| | ■ No □ Yes. List | all of the places you liv | red in the last 3 years. Do not i | nclude where you live now. | | |
| | Debtor 1 Pri | or Address: | Dates Debtor 1 I | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there |
| 3. state | | | | | y property state or territory? o, Texas, Washington and Wi | |
| | ■ No □ Yes. Mal | ke sure you fill out Sche | edule H: Your Codebtors (Offic | cial Form 106H). | | |
| Par | Explain | n the Sources of You | Income | | | |
| 4. | Fill in the tota | I amount of income you | ployment or from operating u received from all jobs and a ave income that you receive to | Il businesses, including part-t | | lar years? |
| | □ No ■ Yes. Fill | in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | • | of current year until d for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$34,993.00 | ☐ Wages, commissions, bonuses, tips | |
| | | | ☐ Operating a business | | ☐ Operating a business | |

| | Documer | 3 | | |
|--|--|---|--|---|
| Debtor 1 Covington, Michael | | Case | e number (if known) | |
| | Debtor 1 | | Debtor 2 | |
| | Sources of income | Gross income | Sources of income | Gross income |
| | Check all that apply. | (before deductions and exclusions) | Check all that apply. | (before deductions and exclusions) |
| | ☐ Wages, commissions, bonuses, tips | \$20,800.00 | ☐ Wages, commissions, bonuses, tips | |
| | Operating a business | | ☐ Operating a business | |
| For last calendar year: January 1 to December 31, 2020) | ■ Wages, commissions, bonuses, tips | \$27,582.00 | ☐ Wages, commissions, bonuses, tips | |
| | ☐ Operating a business | | ☐ Operating a business | |
| For the calendar year before that: January 1 to December 31, 2019) | ■ Wages, commissions, bonuses, tips | \$29,000.00 | ☐ Wages, commissions, bonuses, tips | |
| | ☐ Operating a business | | ☐ Operating a business | |
| you are filing a joint case and you h List each source and the gross inco | | - | | |
| NoYes. Fill in the details. | | | | |
| | Dobtor 4 | | Dobtor 2 | |
| | Debtor 1 Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Debtor 2 Sources of income Describe below. | Gross income (before deductions and exclusions) |
| Yes. Fill in the details. | Sources of income Describe below. | each source (before deductions and exclusions) | Sources of income | (before deductions |
| Yes. Fill in the details. Part 3: List Certain Payments You Are either Debtor 1's or Debtor 2 No. Neither Debtor 1 nor individual primarily for a During the 90 days before No. Go to line Yes List below creditor. Depayments | Sources of income Describe below. L. Made Before You Filed for Better 2 has primarily consumer a personal, family, or household pore you filed for bankruptcy, did to | each source (before deductions and exclusions) Bankruptcy debts? mer debts. Consumer debts apurpose." you pay any creditor a total of a total of \$6,825* or more in onestic support obligations, sury case. | Sources of income Describe below. are defined in 11 U.S.C. § 101(a) \$6,825* or more? ne or more payments and the toch as child support and alimon | (before deductions and exclusions) 8) as "incurred by an otal amount you paid that |

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Dates of payment **Creditor's Name and Address** Was this payment for ... **Total amount** Amount you still owe paid

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|-----|---|--|---|---|---|
| 7. | Within 1 year before you filed for bankruptc Insiders include your relatives; any general partr which you are an officer, director, person in combusiness you operate as a sole proprietor. 11 U. | ners; relatives of any general trol, or owner of 20% or more | partners; partnership e of their voting secu | os of which you are rities; and any mana | a general partner; corporations of aging agent, including one for a |
| | NoYes. List all payments to an insider. | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
| 8. | Within 1 year before you filed for bankrupto insider? Include payments on debts guaranteed or cosig No Yes. List all payments to an insider | | nents or transfer an | y property on acc | count of a debt that benefited an |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment Include creditor's name |
| Pa | rt 4: Identify Legal Actions, Repossessions | s, and Foreclosures | | | |
| 9. | Within 1 year before you filed for bankrupto List all such matters, including personal injury cand contract disputes. No Yes. Fill in the details. | | | | |
| | Case title Case number | Nature of the case | Court or agency | | Status of the case |
| 10. | Within 1 year before you filed for bankruptc | y, was any of your proper | ty repossessed, for | reclosed, garnishe | ed, attached, seized, or levied? |

Check all that apply and fill in the details below.

| No. Go to line 11. | | | |
|---------------------------------------|-----------------------|------|-----------------------|
| ☐ Yes. Fill in the information below. | | | |
| Creditor Name and Address | Describe the Property | Date | Value of the property |
| | Explain what happened | | 1 11 7 |

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No Yes. Fill in the details. **Creditor Name and Address**

Describe the action the creditor took Date action was Amount taken

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

■ No ☐ Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

■ No

Address:

☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person

Person to Whom You Gave the Gift and

Describe the gifts

Dates you gave the gifts

Value

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|------|---|--|---------------------|---------------------------------------|--|------------------|-----------------------------------|-----------------------|--|--|
| Deb | otor 1 | Covington, Michael | | | | Case number (| if known) | | | |
| | | | | | | | | | | |
| 14. | _ | Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? No | | | | | | | | |
| | | Yes. Fill in the details for each gift or co | ntributio | ٦. | | | | | | |
| | mor Cha | s or contributions to charities that tethan \$600 rity's Name ress (Number, Street, City, State and ZIP Cod | | Describe what y | you contributed | | Dates you contributed | Value | | |
| Par | t 6: | List Certain Losses | | | | | | | | |
| | | in 1 year before you filed for bankru imbling? | ptcy or s | since you filed fo | r bankruptcy, did | l you lose anyth | ing because of theft, | fire, other disaster, | | |
| | _ | No | | | | | | | | |
| | _ | Yes. Fill in the details. | | | | | | | | |
| | _ | cribe the property you lost and | Descri | he any insurance | coverage for the | loss | Date of your | Value of property | | |
| | | the loss occurred | Include | the amount that in | nsurance has paid 33 of <i>Schedule A/E</i> | d. List pending | loss | lost | | |
| Pari | t 7· | List Certain Payments or Transfers | | | | | | | | |
| | • • • | Ziot Cortain i dymonic ci i ranciolo | | | | | | | | |
| | cons | in 1 year before you filed for bankru ulted about seeking bankruptcy or p de any attorneys, bankruptcy petition pro | reparing | g a bankruptcy po | etition? | | | y to anyone you | | |
| | | No | | | | | | | | |
| | | Yes. Fill in the details. | | | | | | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You | | OU | Description and transferred | d value of any pro | operty | Date payment or transfer was made | Amount of payment | | |
| | Law LLC 340 | v Offices of Sheronda D. Dobso | | \$1,500.00 (Le \$338.00 (Filin | | | 07/2021; 08/2021; 09/2021 | \$1,838.00 | | |
| | 703 | Advising, Inc. Washington Ave., Suite 200 City, MI 48708-5732 | | Credit Couns | eling Course | | 10/2021 | \$9.76 | | |
| 17. | prom | in 1 year before you filed for bankru hised to help you deal with your cred ot include any payment or transfer that y | litors or | to make paymen | | | transfer any property | y to anyone who | | |
| | - | No | | | | | | | | |
| | _ | No Yes. Fill in the details. | | | | | | | | |
| | Pers | son Who Was Paid ress | | Description and transferred | d value of any pro | operty | Date payment or transfer was made | Amount of payment | | |
| | trans Include gifts a | in 2 years before you filed for bankry sferred in the ordinary course of you de both outright transfers and transfers and transfers that you have already liste No Yes. Fill in the details. | r busine made as | ess or financial af security (such as | fairs? | | rty to anyone, other t | | | |

Person's relationship to you

Describe any property or

payments received or debts

Description and value of

property transferred

Person Who Received Transfer

Address

Date transfer was

made

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| Debtor | 1 Covington, Michael | Boodmone | Case nu | umber (if known) | | | | |
|---------------|---|--|-------------------------------|--|---|--|--|--|
| bei ■ | neficiary? (These are often called asset-pro No Yes, Fill in the details. | otection devices.) | | | | | | |
| _ | ame of trust | Description and v | alue of the property tran | nsferred | Date Transfer was | | | |
| Dart Q | List of Certain Financial Accounts, Ins | strumants Safa Danasit | Royae and Storago Unit | te. | made | | | |
| sol Inc | thin 1 year before you filed for bankrupto ld, moved, or transferred? clude checking, savings, money market, ouses, pension funds, cooperatives, associated No | cy, were any financial acc | counts or instruments he | eld in your name, or for yo | | | | |
| | Yes. Fill in the details. | | | | | | | |
| Ad | ame of Financial Institution and ddress (Number, Street, City, State and ZIP de) | Last 4 digits of account number | Type of account or instrument | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer | | | |
| | you now have, or did you have within 1 y sh, or other valuables? No Yes. Fill in the details. | year before you filed for | bankruptcy, any safe de | eposit box or other deposi | itory for securities, | | | |
| | ame of Financial Institution ddress (Number, Street, City, State and ZIP Code) | Who else had acc Address (Number, S and ZIP Code) | | be the contents | Do you still have it? | | | |
| 22. Ha | ave you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? | | | | | | | |
| ■ | No Yes. Fill in the details. | | | | | | | |
| | ame of Storage Facility ddress (Number, Street, City, State and ZIP Code) | Who else has or h to it? Address (Number, S and ZIP Code) | | oe the contents | Do you still have it? | | | |
| Part 9: | Identify Property You Hold or Control | I for Someone Else | | | | | | |
| | you hold or control any property that so meone. No | omeone else owns? Inclu | de any property you bor | rrowed from, are storing f | or, or hold in trust for | | | |
| | Yes. Fill in the details. | | | | | | | |
| | wner's Name ddress (Number, Street, City, State and ZIP Code) | Where is the prop (Number, Street, City, S Code) | | pe the property | Value | | | |
| Part 10 | Give Details About Environmental Infe | ormation | | | | | | |
| or the | purpose of Part 10, the following definition | ons apply: | | | | | | |
| _ | | | | | | | | |

- Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

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| Der | ioi | Covington, Michael | | Case number (if known) | | |
|-------|---|---|--|--|--------------------|--|
| | | - | | | | |
| 24. | Has | any governmental unit notified you that | you may be liable or potentially liable | under or in violation of an environmen | tal law? | |
| | | No Yes. Fill in the details. | | | | |
| | | me of site dress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | |
| 25. | Hav | e you notified any governmental unit of a | any release of hazardous material? | | | |
| | | No Yes. Fill in the details. | | | | |
| | | me of site dress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | |
| 26. | Hav | re you been a party in any judicial or adm | ninistrative proceeding under any envir | onmental law? Include settlements an | d orders. | |
| | | No Yes. Fill in the details. | | | | |
| | | se Title se Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case | |
| Par | t 11: | Give Details About Your Business or C | Connections to Any Business | | | |
| 27. | Wit | hin 4 years before you filed for bankrupto | cy, did you own a business or have any | of the following connections to any b | ousiness? | |
| | | ☐ A sole proprietor or self-employed in | n a trade, profession, or other activity, o | either full-time or part-time | | |
| | | ☐ A member of a limited liability compa | any (LLC) or limited liability partnershi | p (LLP) | | |
| | | ☐ A partner in a partnership | | | | |
| | | ☐ An officer, director, or managing exe | ecutive of a corporation | | | |
| | | ☐ An owner of at least 5% of the voting | g or equity securities of a corporation | | | |
| | ■ No. None of the above applies. Go to Part 12. | | | | | |
| | | Yes. Check all that apply above and fill | in the details below for each business. | | | |
| | Ad | siness Name dress mber, Street, City, State and ZIP Code) | Describe the nature of the business Name of accountant or bookkeeper | Employer Identification number Do not include Social Security r | | |
| | (114 | mber, on eet, only, outle and his code) | Name of accountant of bookkeeper | Dates business existed | | |
| 28. | | hin 2 years before you filed for bankrupto itutions, creditors, or other parties. | cy, did you give a financial statement to | o anyone about your business? Includ | e all financial | |
| | | No Yes. Fill in the details below. | | | | |
| | | me dress mber, Street, City, State and ZIP Code) | Date Issued | | | |
| Par | | Sign Below | | | | |
| I hav | e re and | ad the answers on this Statement of Final correct. I understand that making a false tcy case can result in fines up to \$250,000. §§ 152, 1341, 1519, and 3571. | e statement, concealing property, or ob | taining money or property by fraud in | | |
| Mic | hae | hael Covington el Covington re of Debtor 1 | Signature of Debtor 2 | | | |
| Dat | e | November 3, 2021 | Date | | | |
| | _ | | | | | |

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Debtor 1 Covington, Michael Case number (if known)

| Did you attach additional pag ■ No □ Yes | es to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? |
|--|--|
| Did you pay or agree to pay s ■ No | omeone who is not an attorney to help you fill out bankruptcy forms? |
| ☐ Yes. Name of Person | . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |

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| Fill in th | his information to identi | fy your case: | | | |
|------------------------|---------------------------|-------------------|------------------------|--------|-----------------|
| Debtor 1 | Michael Covingto | on | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF GEORGIA, ATLANTA DI | VISION | |
| Case number (if known) | | | | | ☐ Check if this |
| | | | | | amended fil |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page

| Pai | t 1: Summarize Your Assets | | |
|-----|--|-----------|--------------------------|
| | | Your a | ssets of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 0.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 11,152.49 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 11,152.49 |
| Pai | t 2: Summarize Your Liabilities | | |
| | | | abilities t you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column AAmount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 0.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e &chedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j & chedule E/F | \$ | 33,666.00 |
| | Your total liabilities | \$ | 33,666.00 |
| Pai | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income(Official Form 106I) Copy your combined monthly income from line 12 oSchedule I | \$ | 2,367.00 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 2,310.00 |
| Pai | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your oth | er schedu | lles. |
| 7. | Yes What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a per | | mily, or household |

purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C.§ 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

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Debtor 1 Covington, Michael Case number (if known)

8. **From the** Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$_____3,805.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total | claim |
|--|-------|-------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$_ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

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| | | Documer | nt Page 17 of 53 | | |
|---------------------------------|---|---------------------------------|---|--------------------|---|
| Fill in thi | s information to identi | ify your case and this filing | j: | | |
| Debtor 1 | Michael Covingt | on | | | |
| | First Name | Middle Name | Last Name | _ | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | _ | |
| United States Bar | nkruptcy Court for the: | NORTHERN DISTRICT O | F GEORGIA, ATLANTA DIVISION | | |
| | mapley Court for the | | | _ } | |
| Case number _ | | | | | ☐ Check if this is an amended filing |
| | | | | | amenaea ming |
| Official Fo | rm 1064/R | | | | |
| | _ | oortv | | | |
| | e A/B: Prop | | ce. If an asset fits in more than one categ | one list the asset | 12/15 |
| think it fits best. Be | e as complete and accura e space is needed, attach | ate as possible. If two married | ce. If all asset his in indee than one category people are filing together, both are equall On the top of any additional pages, write | y responsible for | supplying correct |
| Part 1: Describe | Each Residence, Building | ی, Land, or Other Real Estate ۱ | You Own or Have an Interest In | | |
| 1. Do you own or h | ave any legal or equitable | e interest in any residence, bu | uilding, land, or similar property? | | |
| No. Go to Part | 2. | | | | |
| ☐ Yes. Where is | the property? | | | | |
| | | | | | |
| Part 2: Describe | Your Vehicles | | | | |
| | | | cles, whether they are registered or no | | ehicles you own that |
| 3. Cars, vans, tru | icks, tractors, sport ut | ility vehicles, motorcycles | | | |
| ■ No | | | | | |
| ☐ Yes | | | | | |
| | | | | | |
| | | | vehicles, other vehicles, and access s, snowmobiles, motorcycle accessories | | |
| ■ No | | | | | |
| ☐ Yes | | | | | |
| | | | | | |
| | | | ries from Part 2, including any entries | | \$0.00 |
| .you nave atta | ched for Part 2. Write | inat number nere | = | > | Ψ0.00 |
| Part 3: Describe | Your Personal and Hous | ehold Items | | | |
| · | | able interest in any of the f | ollowing items? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | ods and furnishings or appliances, furniture, | linens, china, kitchenware | | | |
| Yes. Descr | ibe | | | | |
| | Househo | ld Goods and Furnishi | ngs | | \$3,000.00 |
| | Men's clo | othing and shoes | | | \$800.00 |

Official Form 106A/B Schedule A/B: Property page 1

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| ט | ebtor 1 | Covington, Michael | Case number (if known) | |
|----|------------------------|---|--|---|
| 7. | Electror Example No | | nd digital equipment; computers, printers, scanners; music collectrs, games | tions; electronic devices |
| 8 | | Describe Dies of value | | |
| 0. | | | er artwork; books, pictures, or other art objects; stamp, coin, or b | aseball card collections; other |
| | ☐ Yes. | Describe | | |
| 9. | | ent for sports and hobbies es: Sports, photographic, exercise, and other hobb instruments | by equipment; bicycles, pool tables, golf clubs, skis; canoes and k | ayaks; carpentry tools; music |
| | ☐ Yes. | Describe | | |
| 10 | Example No | ns oles: Pistols, rifles, shotguns, ammunition, and re | lated equipment | |
| | ☐ Yes. | Describe | | |
| 11 | ■ No | oles: Everyday clothes, furs, leather coats, designe | er wear, shoes, accessories | |
| | ☐ Yes. | Describe | | |
| 12 | ■ No | | ent rings, wedding rings, heirloom jewelry, watches, gems, gold, s | ilver |
| 13 | Exam _l ■ No | rm animals oles: Dogs, cats, birds, horses Describe | | |
| 14 | . Any ot | ner personal and household items you did not | already list, including any health aids you did not list | |
| | _ | Give specific information | | |
| 1 | | he dollar value of all of your entries from Part 3. Write that number here | 3, including any entries for pages you have attached for | \$3,800.00 |
| Р | art 4: De | scribe Your Financial Assets | | |
| D | o you ov | n or have any legal or equitable interest in an | y of the following? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 16 | ■ No | oles: Money you have in your wallet, in your home, | in a safe deposit box, and on hand when you file your petition | |
| 17 | | ts of money bles: Checking, savings, or other financial accountinstitutions. If you have multiple accounts w | s; certificates of deposit; shares in credit unions, brokerage hous ith the same institution, list each. | es, and other similar |
| | □ No ■ Yes | | Institution name: | |
| | | | | |

Official Form 106A/B Schedule A/B: Property page 2 Case 21-58265-pmb Doc 1 Filed 11/03/21 Entered 11/03/21 22:23:59 Desc Main

Page 19 of 53 Document Case number (if known) Debtor 1 Covington, Michael Checking Account All In Credit Union \$10.00 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans □ No Yes. List each account separately. Type of account: Institution name: 401(k) or Similar Plan **Retirement Pension through employer** \$2,079.49 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ■ No ☐ Yes. Institution name or individual: 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No ☐ Yes..... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No \square Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ■ No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Current value of the Money or property owed to you?

Official Form 106A/B Schedule A/B: Property page 3

portion you own?Do not deduct secured claims or exemptions.

Case 21-58265-pmb Doc 1 Filed 11/03/21 Entered 11/03/21 22:23:59 Desc Main Page 20 of 53 Document Debtor 1 Covington, Michael Case number (if known) 28. Tax refunds owed to you □ No ■ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 2020 Federal Income Tax Refund \$5,263.00 **Federal** Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance □ No Yes. Name the insurance company of each policy and list its value. Surrender or refund Company name: Beneficiary: value: **Term Life Insurance Through** \$0.00 **Employer** 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ■ No ☐ Yes. Give specific information... 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for \$7,352.49 Part 4. Write that number here.....

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6.

☐ Yes. Go to line 38.

| Debt | or 1 Covington, Michael | L Page 21 01 5 | Case number (if known) | |
|--------|--|---------------------------|------------------------------|-------------|
| Part 6 | Describe Any Farm- and Commercial Fishing-Related Property Yolf you own or have an interest in farmland, list it in Part 1. | ou Own or Have an Interes | t In. | |
| ı | o you own or have any legal or equitable interest in any farmental No. Go to Part 7. ☐ Yes. Go to line 47. | - or commercial fishing | -related property? | |
| Part 7 | Describe All Property You Own or Have an Interest in That Y | ou Did Not List Above | | |
| | o you have other property of any kind you did not already list Examples: Season tickets, country club membership No Yes. Give specific information Add the dollar value of all of your entries from Part 7. Write the | | ······ | \$0.00 |
| Part 8 | List the Totals of Each Part of this Form | | | |
| 55. | Part 1: Total real estate, line 2 | | | \$0.00 |
| 56. | Part 2: Total vehicles, line 5 | \$0.00 | | |
| 57. | Part 3: Total personal and household items, line 15 | \$3,800.00 | | |
| 58. | Part 4: Total financial assets, line 36 | \$7,352.49 | | |
| 59. | Part 5: Total business-related property, line 45 | \$0.00 | | |
| | Part 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. | Part 7: Total other property not listed, line 54 | +\$0.00 | | |
| 62. | Total personal property. Add lines 56 through 61 | \$11,152.49 | Copy personal property total | \$11,152.49 |

\$11,152.49

Official Form 106A/B Schedule A/B: Property page 5

63. Total of all property on Schedule A/B. Add line 55 + line 62

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| Fill in th | is information to identif | y your case: | | | |
|------------------------|---------------------------|-------------------|-----------------------------|------|--------------------|
| Debtor 1 | Michael Covingto | on | | | |
| | First Name | Middle Name | Last Name |) | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF GEORGIA, ATLANTA DIVISIO | ON | |
| Case number (if known) | | | | ☐ Ch | neck if this is an |
| | | | | am | nended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| | Part 1: | Identify the Property You Claim as Exempt |
|--|---------|---|
|--|---------|---|

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on | Current value of the | Am | ount of the exemption you claim | Specific laws that allow exemption |
|--|--|-----|---|------------------------------------|
| Schedule A/B that lists this property | portion you own Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| Household Goods and Furnishings Line from Schedule A/B 6.1 | \$3,000.00 | | \$3,000.00 | O.C.G.A. § 44-13-100(a)(4) |
| Line Holli Schedule A/E. V. I | | | 100% of fair market value, up to any applicable statutory limit | |
| Men's clothing and shoes Line from Schedule A/B 6.2 | \$800.00 | | \$800.00 | O.C.G.A. § 44-13-100(a)(4) |
| Line Irom Schedule A/B. 6.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| Retirement Pension through | \$2,079.49 | | | O.C.G.A. § 44-13-100(a)(2)(F |
| employer Line from Schedule A/B. 21.1 | | • | 100% of fair market value, up to any applicable statutory limit | |
| 2020 Federal Income Tax Refund Line from Schedule A/B 28.1 | \$5,263.00 | | \$1,200.00 | O.C.G.A. § 44-13-100(a)(6) |
| Line IIIII Scriedule A/B. 20.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 2020 Federal Income Tax Refund Line from Schedule A/B 28.1 | \$5,263.00 | | \$4,063.00 | O.C.G.A. § 44-13-100(a)(1) |
| LINE HOITI Scriedule A/D. 20.1 | | | 100% of fair market value, up to any applicable statutory limit | |

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| Debtor 1 Covington, Michael | | Case number (if known) | | |
|--|--------------------------------------|---|------------------------------------|--|
| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption | |
| | Copy the value from Schedule A/B | Check only one box for each exemption. | | |
| Term Life Insurance Through Employer | \$0.00 | | O.C.G.A. § 44-13-100(a)(11)(C) | |
| Line from Schedule A/B. 31.1 | | ■ 100% of fair market value, up to any applicable statutory limit | 44-13-100(a)(11)(O) | |
| Are you claiming a homestead exemption (Subject to adjustment on 4/01/22 and every 3 | | | | |
| ☐ Yes. Did you acquire the property covere ☐ No | d by the exemption within | n 1,215 days before you filed this case? | | |
| ☐ Yes | | | | |

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| Fill in th | | | | |
|---------------------|--------------------------|-------------------|---------------------------|-----------------|
| Debtor 1 | Michael Covingto | on | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF GEORGIA, ATLANTA DIVIS | SION |
| Case number | | | | |
| (if known) | | | | ☐ Check if this |
| | | | | amended fili |

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below.

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| | | Document | Page 25 | of 53 | |
|--|--|---|--|---|--|
| Fill in t | his information to identify you | r case: | | | 1 |
| Debtor 1 | Michael Covingto | n | | | 1 |
| Debtor | Michael Covingto First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, fil | ing) First Name | Middle Name | Last Name | | |
| United Sta | ates Bankruptcy Court for the: | NORTHERN DISTRICT OF (| GEORGIA, ATL | ANTA DIVISION | |
| 0 | h.c. | | | | |
| Case num (if known) | iber | | | | ☐ Check if this is an |
| | | | | | amended filing |
| | | | | | - |
| | Form 106E/F | | | | |
| <u>Sched</u> | ule E/F: Creditors W | ho Have Unsecured | d Claims | | 12/15 |
| any executo Schedule G D: Creditors the Continu | ory contracts or unexpired leases t : Executory Contracts and Unexpir s Who Have Claims Secured by Pro | hat could result in a claim. Also red Leases (Official Form 106G). operty. If more space is needed, | list executory c Do not include a copy the Part yo | ontracts on Schedule A/B: F any creditors with partially s u need, fill it out, number th | IPRIORITY claims. List the other party to Property (Official Form 106A/B) and on secured claims that are listed in Schedule he entries in the boxes on the left. Attach dditional pages, write your name and |
| | List All of Your PRIORITY Uns | | | | |
| ^ | creditors have priority unsecured | l claims against you? | | | |
| ■ No. | Go to Part 2. | | | | |
| ☐ Yes | 3. | | | | |
| Part 2: | ■ No. Go to Part 2. □ Yes. | | | | |
| | | | | | |
| | • • | | h | aluda a | |
| | | irt. Submit this form to the court wit | n your otner sche | dules. | |
| Yes | 3. | | | | |
| unsecu | | for each claim. For each claim liste | ed, identify what ty | ype of claim it is. Do not list cla | tor has more than one nonpriority aims already included in Part 1. If more claims fill out the Continuation Page of Part |
| | | | | | Total claim |
| 4.1 A | spen Dental | Last 4 digits of a | ccount number | 2612 | \$323.00 |
| No | onpriority Creditor's Name | | | | |
| | /o National Recovery Ager | When was the de | bt incurred? | 2018-07 | |
| | 491 Paxton St arrisburg, PA 17111-1036 | | | | |
| | umber Street City State Zip Code | As of the date yo | u file, the claim i | s: Check all that apply | |
| W | ho incurred the debt? Check one. | | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | At least one of the debtors and ano | ther Type of NONPRIC | ORITY unsecured | d claim: | |
| | Check if this claim is for a comm | nunity | | | |
| | ebt | | | ration agreement or divorce th | hat you did not |
| | the claim subject to offset? | report as priority of | | | |
| | No | · | * | g plans, and other similar deb | ıts |
| |] Yes | Other. Specify | Medical se | rvices | |

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| Debto | r1 Covington, Michael | | Case number (f known) | |
|-------|--|---|--|------------|
| 4.2 | Associated Credit Union Nonpriority Creditor's Name | Last 4 digits of account number | 0002 | \$807.00 |
| | Nonpriority Creditor's Name | When was the debt incurred? | 2016-06 | |
| | 6251 Crooked Creek Rd Peachtree Corners, GA 30092-3107 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | | ration agreement or divorce that you did not | |
| | ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| | □Yes | Other Specify Credit card | l debt | |
| 4.3 | Cep America LLC | Last 4 digits of account number | 5618 | \$2,509.00 |
| | Nonpriority Creditor's Name C/o Wakefield & Associates PO Box 50250 | When was the debt incurred? | 2018-11 | |
| | Knoxville, TN 37950-0250 Number Street City State Zip Code | As of the date you file, the claim | is: Chack all that apply | |
| | Who incurred the debt? Check one. | As of the date you me, the claim | в. Спеск ан так арру | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | | ☐ Student loans | - Oldini | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Medical se | | |
| 4.4 | Comcast Cable | Last 4 digits of account number | 5350 | \$561.00 |
| | Nonpriority Creditor's Name | When was the debt incurred? | 2010-05 | |
| | 5729 W Denneys Rd Dover, DE 19904 | when was the dept incurred? | 2019-05 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a sens | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | nation agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ΠVes | Cable serv | ires | |

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| Debtor | 1 Covington, Michael | | Case number (f known) | | | |
|--------|--|---|--|------------|--|--|
| 4.5 | Covington Credit of Ga Nonpriority Creditor's Name | Last 4 digits of account number | 3263 | \$1,343.00 | | |
| | Attn: Bankruptcy PO Box 1947 | When was the debt incurred? | 2017-03 | | | |
| | Greenville, SC 29602-1947 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | \square Check if this claim is for a community | Student loans | | | | |
| | debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | |
| | Yes | Other. Specify Credit card | l debt | | | |
| 4.6 | Georgia Natural Gas Nonpriority Creditor's Name | Last 4 digits of account number | 3450 | \$118.00 | | |
| - | PO Box 440667 Kennesaw, GA 30160-9533 | When was the debt incurred? | 2019-01 | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s of the date you file, the claim is: Check all that apply | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | \square Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | | | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | | | |
| | Yes | ■ Other. Specify Utilities se | rvices | | | |
| 4.7 | PLATINUM MC Nonpriority Creditor's Name | Last 4 digits of account number | 0003 | \$458.00 | | |
| | C/o Jefferson Capital Syst 16 McLeland Rd | When was the debt incurred? | 2019-08 | | | |
| | Saint Cloud, MN 56303-2198 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | \square Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a sepa | ration agreement or divorce that you did not | | | |
| | Is the claim subject to offset? | report as priority claims | · | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | |
| | Yes | Other Specify Credit card | l debt | | | |

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| Debto | Covington, Michael | | Case number (f known) | |
|-------|---|--|--|-------------|
| 4.8 | Rockdale Medical Center | Last 4 digits of account number | 3802 | \$4,902.00 |
| | Nonpriority Creditor's Name C/o Dynamic Recovery Solut 135 Interstate Blvd Unit 6 Greenville, SC 29615-5720 | When was the debt incurred? | 2021-04 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecure | d claim: | |
| | ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt | ☐ Student loans | | |
| | Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | | |
| | Yes | Other. Specify Medical se | rvices | |
| 4.9 | Santander Consumer USA Nonpriority Creditor's Name | Last 4 digits of account number | 1000 | \$16,532.00 |
| | Attn: Bankruptcy PO Box 961245 Fort Worth, TX 76161-0244 | When was the debt incurred? | 2014-11 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | s: Check all that apply | | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharin | | |
| | Yes | ■ Other. Specify Automobile | | |
| 4.10 | Southern Orthopaedic Surgeon | Last 4 digits of account number | 7546 | \$993.00 |
| 4.10 | Nonpriority Creditor's Name | Last 4 digits of account number | 7546 | \$993.00 |
| | C/o Holl Crd PO Box 230609 Montgomery, AL 36123-0609 | When was the debt incurred? | 2021-03-30 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a sepa | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | · · | |
| | ■ No | Debts to pension or profit-sharin | | |
| | ∏ yes | Other Creek, Medical Se | rvices | |

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| Debtor | 1 Covington, Michael | | Case number (f known) | | | | | |
|--------|---|--|---|------------|--|--|--|--|
| 4.11 | Sprint | Last 4 digits of account number | 2265 | \$1,779.00 | | | | |
| | Nonpriority Creditor's Name | When was the debt incurred? | 2020-02 | | | | | |
| | P.O. Box 219554, Kansas City, MO 64121-9554 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | | |
| | \square Check if this claim is for a community | Student loans | | | | | | |
| | debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | | | | | |
| | No | Debts to pension or profit-sharin | g plans, and other similar debts | | | | | |
| | Yes | Other. Specify Cellular se | rvices | | | | | |
| 4.12 | Troy Hosp Staffing LLC Nonpriority Creditor's Name | Last 4 digits of account number | 1398 | \$65.00 | | | | |
| | C/o Cac Fin Coll 2601 NW Expressway | When was the debt incurred? | 2020-04-03 | | | | | |
| | Oklahoma City, OK 73112-7272 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | As of the date you file, the claim is: Check all that apply | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | | |
| | ☐ Check if this claim is for a community debt | Student loans | | | | | | |
| | Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | | | | | |
| | ■ No | Debts to pension or profit-sharing | \square Debts to pension or profit-sharing plans, and other similar debts | | | | | |
| | Yes | ■ Other. Specify Open acco | unt | | | | | |
| 4.13 | Verizon Wireless | Last 4 digits of account number | 1003 | \$1,429.00 | | | | |
| | Nonpriority Creditor's Name | When was the debt incurred? | 2020-04 | | | | | |
| | P.O. Box 26055 Minneapolis, MN 55426 | When was the dest incurred. | 2020-04 | | | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | |
| | Debtor 1 and Debtor 2 only | Disputed | | | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | ration agreement or divorce that you did not | | | | | |
| | Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | | | | | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | | | | | |
| | □ ves | • Other County Collular se | rvices | | | | | |

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| Debtor | 1 Covington, Michael | | _ | Case number (if known) | |
|-------------------|---|---|--------------------|---|-------------------------------|
| 4.14 | Woodland Trace Apts Nonpriority Creditor's Name | Last 4 digits of acc | count number | 1927 | \$1,847.00 |
| | C/o National Credit System PO Box 312125 | When was the deb | t incurred? | 2017-08 | |
| | Atlanta, GA 31131-2125 | | | | |
| | Number Street City State Zip Code | As of the date you | file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | □ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIO | RITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt | Obligations arisi | ng out of a sepa | ration agreement or divorce that you did | Inot |
| | Is the claim subject to offset? | report as priority cla | | | |
| | No | ☐ Debts to pension | n or profit-sharin | g plans, and other similar debts | |
| | Yes | Other. Specify | Lease agre | ement deficiency | |
| Part 3: | List Others to Be Notified About a De | bt That You Already Li | sted | | |
| is tryi have ı | is page only if you have others to be notified ng to collect from you for a debt you owe to s more than one creditor for any of the debts th ed for any debts in Parts 1 or 2, do not fill out | omeone else, list the orig at you listed in Parts 1 or | inal creditor in | Parts 1 or 2, then list the collection ag | gency here. Similarly, if you |
| | nd Address | On which entry in Part 1 of | | _ | |
| | ciated Credit Unio | Line 4.2 of (Check one): | | Part 1: Creditors with Priority Unsecure | |
| | Peachtree a, GA 30301 | | | Part 2: Creditors with Nonpriority Unse | cured Claims |
| Atlant | a, OA 30301 | Last 4 digits of account no | umber | 0002 | |
| Name a | nd Address | On which entry in Part 1 of | or Part 2 did you | list the original creditor? | |
| | ler Capital | Line 4.9 of (Check one): | | Part 1: Creditors with Priority Unsecure | ed Claims |
| - | ox 961212 | | | Part 2: Creditors with Nonpriority Unse | cured Claims |
| FOR V | Vorth, TX 76161-0212 | Last 4 digits of account no | umber | 1000 | |
| Name a | nd Address | On which entry in Part 1 of | or Part 2 did you | list the original creditor? | |
| Conve | ergent Outsourcing | Line 4.6 of (Check one): | | Part 1: Creditors with Priority Unsecure | ed Claims |
| | ox 9004 | | | Part 2: Creditors with Nonpriority Unse | cured Claims |
| Rento | n, WA 98057-9004 | Last 4 digits of account no | ımher | 3450 | |
| | | Last 4 digits of account in | | 3430 | |
| | nd Address | On which entry in Part 1 of | | | |
| | Management Lp | Line 4.4 of (Check one): | | Part 1: Creditors with Priority Unsecure | ed Claims |
| | Геппуson Pkwy , TX 75024-6001 | | | Part 2: Creditors with Nonpriority Unse | cured Claims |
| riano | , 17 73024-0001 | Last 4 digits of account no | ımber | 5350 | |
| Name a | nd Address | On which entry in Part 1 of | or Part 2 did you | list the original creditor? | |
| | nced Recovery Co L | Line 4.11 of (Check one |): | Part 1: Creditors with Priority Unsecure | ed Claims |
| | ox 57547 | | | Part 2: Creditors with Nonpriority Unse | cured Claims |
| Jacks | onville, FL 32241-7547 | Last 4 digits of account no | ımber | 2265 | |
| Name a | nd Address | On which entry in Part 1 of | or Part 2 did vou | list the original creditor? | |
| | son Capital Syst | Line 4.13 of (Check one | | Part 1: Creditors with Priority Unsecure | ed Claims |
| 16 Mc | Leland Rd | | | Part 2: Creditors with Nonpriority Unse | |
| Saint | Cloud, MN 56303-2198 | Last 4 digits of account no | | 1003 | |
| Dout 4 | Add the Amounts for Each Type of LL | management Claims | | | |

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total Claim

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| ebtor 1 <u>Co</u> | vingto | n, Michael | | umber (if knov | wn) |
|-------------------------|--------|---|-----|----------------|-------------|
| | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| tal claims om Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| ii i ait i | | | | » —— | 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| | | | | | Total Claim |
| claims | 6f. | Student loans | 6f. | \$ | 0.00 |
| Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 33,666.00 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 33,666.00 |

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| Fill in th | nis information to identi | fy your case: | | |
|---------------------|---------------------------|-------------------|------------------------------|--------------------------------------|
| Debtor 1 | Michael Covingto | on | | |
| | First Name | Middle Name | Last Name | —) |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | _ |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF GEORGIA, ATLANTA DIVISION | _ |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | r company with Name, Numbe | n whom you have the r, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|-------------------------------|---|-------------------|---|
| 2.1 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.3 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | |
| 2.4 | | | | | |
| | Name | | | | <u> </u> |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.5 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| | | | | | |

Case 21-58265-pmb Doc 1 Filed 11/03/21 Entered 11/03/21 22:23:59 Desc Main Document Page 33 of 53

| | | Docume | <u>nı Page 33 0</u> | 1 53 | |
|------------------------|--|--|-----------------------------|---|---|
| Fil | II in this information to identi | fy your case: | | | |
| Debtor 1 | Michael Covingto | on. | | | |
| Dobto. 1 | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, fili | ng) First Name | Middle Name | Last Name | | |
| United Sta | tes Bankruptcy Court for the: | NORTHERN DISTRICT | OF GEORGIA, ATLANT | TA DIVISION | |
| 0 | . | | | | |
| Case num (if known) | Dei | | | | ☐ Check if this is an |
| | | | | | amended filing |
| O.(;; ; | 10011 | | | | |
| | l Form 106H | | | | |
| Sched | lule H: Your Cod | ebtors | | | 12/15 |
| | | | | | |
| and numbe case numb | er the entries in the boxes on per (if known). Answer every o | the left. Attach the Additi question. | ional Page to this page. | On the top of any Addi | by the Additional Page, fill it out, tional Pages, write your name and |
| 1. Do | you have any codebtors? (If y | ou are filing a joint case, do | o not list either spouse as | a codebtor. | |
| ■ No | | | | | |
| ☐ Yes | ; | | | | |
| | hin the last 8 years, have you rnia, Idaho, Louisiana, Nevada, | | | | tates and territories include Arizona, |
| _ | Go to line 3. Did your spouse, former spouse. | se. or legal equivalent live w | vith you at the time? | | |
| | , | , g- - | , | | |
| line 2 | again as a codebtor only if th , Schedule E/F (Official Form | at person is a guarantor | or cosigner. Make sure | you have listed the cre | ith you. List the person shown in ditor on Schedule D (Official Forn E/F, or Schedule G to fill out |
| | Column 1: Your codebtor Name, Number, Street, City, State and Z | IP Code | | Column 2: The cred Check all schedules | itor to whom you owe the debt that apply: |
| 24 | | | | Cabadula D lina | |
| 3.1 | Name | | | _ ☐ Schedule D, line☐ Schedule E/F, lir | |
| | | | | ☐ Schedule G, line | |
| _ | | | | _ | |
| | Number Street City | State | ZIP Code | | |
| | , | | | | |
| | | | | Cohestate D. P | |
| 3.2 | Name | | | _ ☐ Schedule D, line☐ Schedule E/F, lir | |
| | | | | ☐ Schedule E/F, III | |
| _ | Newsbar | | | | |
| | Number Street City | State | ZIP Code | | |

| Fill | in this information to identify your ca: | se: | | | | | | | |
|------|---|--|---|-------------------------|----------------|--|--------------------------|--------------------------------|--------------|
| | otor 1 Michael Covi | | | | | | | | |
| | otor 2 | | | | _ | | | | |
| Uni | ted States Bankruptcy Court for the: | NORTHERN DISTRIC | CT OF GEORGIA, AT | LANTA | _ | | | | |
| | se number own) | | | | | Check if this is: An amende A suppleme | nt showing | · . | hapter 13 |
| | fficial Form 106l chedule I: Your Inco | ame. | | | | MM / DD/ Y | YYY | | 12/15 |
| Be a | s complete and accurate as possil olying correct information. If you a use. If you are separated and your ch a separate sheet to this form. On | ole. If two married peop re married and not filin spouse is not filing wit | g jointly, and your s h you, do not includ | spouse is le informa | livir atior | g with you, include about your spou | le informa se. If mor | ation about you e space is nee | our eded, |
| 1. | Fill in your employment information. | | Debtor 1 | | | Debtor 2 | or non-fi | iling spouse | |
| | If you have more than one job, attach a separate page with information about additional | Employment status | ■ Employed □ Not employed | | | ☐ Emplo | • | | |
| | employers. | Occupation | Truck Driver | | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | Wiley Sanders Inc. | Truck L | ines | s, | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | PO Box 707 Troy, AL 36081 | -0707 | | | | | |
| | | How long employed th | nere? 2 years | s and 3 | mor | iths | | | |
| Par | Give Details About Mont | hly Income | | | | | | | |
| | mate monthly income as of the dat ss you are separated. | e you file this form. If y | ou have nothing to rep | oort for an | y line | , write \$0 in the spa | ice. Includ | le your non-filin | g spouse |
| | u or your non-filing spouse have more e, attach a separate sheet to this form | | oine the information fo | or all emplo | oyers | for that person on | the lines b | elow. If you ne | ed more |
| | | | | | | For Debtor 1 | | btor 2 or ing spouse | |
| 2. | List monthly gross wages, salary deductions). If not paid monthly, ca | | | 2. | \$ | 3,262.00 | \$ | N/A | |
| 3. | Estimate and list monthly overting | ne pay. | | 3. | +\$ | 0.00 | +\$ | N/A | |
| 4. | Calculate gross Income. Add line | 2 + line 3. | | 4. | \$ | 3,262.00 | \$ | N/A | |

Official Form 106l Schedule I: Your Income page 1

| Debte | or 1 | Covington, Michael | _ | С | ase number (if kr | own) | | | |
|--|---|---|------------|----|-------------------|--------------|----------|---------------------------------|----------|
| | Cop | by line 4 here | 4. | | For Debtor 1 | 2.00 | | ebtor 2 or ing spouse N/A | |
| 5. | l ist | all payroll deductions: | | | | | | | |
| J. | 5a. | Tax, Medicare, and Social Security deductions | 50 | | \$ 404 | | \$ | NI/A | |
| | 5a. 5b. | Mandatory contributions for retirement plans | 5a. 5b. | | : | 1.00 0.00 | \$ | N/A N/A | |
| | 5c. | Voluntary contributions for retirement plans | 5c. | | : | 7.00 7.00 | \$ | N/A | • |
| | 5d. | Required repayments of retirement fund loans | 5d. | | | 0.00 | \$ | N/A | - |
| | 5e. | Insurance | 5e. | | : | 1.00 | \$ | N/A | - |
| | 5f. | Domestic support obligations | 5f. | | . — | 0.00 | \$ | N/A | - |
| | 5g. | Union dues | 5g. | | . — | 0.00 | \$ | N/A | • |
| | 5h. | Other deductions. Specify: Wired | 5h. | .+ | \$ 100 | 0.00 | + \$ | N/A | • |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | 9 | 895 | .00 | \$ | N/A | |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | 9 | 2,367 | .00 | \$ | N/A | • |
| 8. | List 8a. | A all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | 0.0 | | · | | ¢ | | |
| | 8b. | monthly net income. Interest and dividends | 8a. 8b. | | | 0.00 | \$ | N/A N/A | - |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | | | 0.00 | \$ \$ | N/A | • |
| | 8d. | Unemployment compensation | 8d. | | · | 0.00 | \$ | N/A | • |
| | 8e. | Social Security | 8e. | | | 0.00 | \$ | N/A | • |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f. | | * | 0.00 | \$ | N/A | • |
| | 8g. | Pension or retirement income | 8g. | | \$ 0 | 0.00 | \$ | N/A | - |
| | 8h. | Other monthly income. Specify: | 8h. | .+ | \$ | 0.00 | + \$ | N/A | |
| 9. | Add | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 0 | .00 | \$ | N/A | |
| 10. | Cal | culate monthly income. Add line 7 + line 9. | 10. | \$ | 2,367.00 | + \$ | | N/A = \$ | 2,367.00 |
| | | I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | Ĺ | | | Ľ | | | _,0000 |
| 11. | State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 | | | | | | | | |
| 12. | 2. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$ 2,367.00 | | | | | | | | |
| 13. | Do : | Combined monthly income you expect an increase or decrease within the year after you file this form? No. | | | | | | | |
| Yes. Explain: Debtor's hotel and food expenses are directly paid through employer reimbursement and reflected as business income/expense | | | | | | | | | |

Official Form 106l Schedule I: Your Income page 2

| Fill | in this information to identify your case: | | | | | |
|------------|---|---|--|--|--|--|
| Deb | tor 1 Michael Covington | Ch | eck if this is: | | | |
| | | | An amended filing | | | |
| | tor 2buse, if filing) | " | A supplement show expenses as of the | ving postpetition chapter 13 following date: | | |
| ļ | NODTUEDN DISTRICT OF SECTION | 2014 | · | | | |
| Unit | ed States Bankruptcy Court for the: NORTHERN DISTRICT OF GEOF ATLANTA DIVISION | RGIA, | MM / DD / YYYY | | | |
| | | _ | | | | |
| | e number nown) | | | | | |
| Ĺ | , | | | | | |
| \bigcirc | fficial Form 106 I | | | | | |
| | fficial Form 106J | | | | | |
| | chedule J: Your Expenses | | | 12/15 | | |
| | as complete and accurate as possible. If two married people are ormation. If more space is needed, attach another sheet to this fo | | | | | |
| | known). Answer every question. | orni. On the top of any addition | mai pages, write you | ar name and case number | | |
| Par | t1: Describe Your Household | | | | | |
| 1. | Is this a joint case? | | | | | |
| | ■ No. Go to line 2. | | | | | |
| | ☐ Yes. Does Debtor 2 live in a separate household? | | | | | |
| | □ No | | | | | |
| | ☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses f | for Separate Householdof Deb | tor 2. | | | |
| 2 | De very house demandante? | | | | | |
| 2. | Do you have dependents? ■ No | | | | | |
| | Do not list Debtor 1 and Yes. Fill out this information for each dependent | Dependent's relationship to Debtor 1 or Debtor 2 | Dependent's age | Does dependent live with you? | | |
| | 500012. | | , and the second | □ No | | |
| | Do not state the dependents names. | | | ☐ Yes | | |
| | ' | | | □ No | | |
| | | | | ☐ Yes | | |
| | | | | □ No | | |
| | | | | ☐ Yes | | |
| | | | | □ No | | |
| 3. | Do your expenses include ■ No | | | ☐ Yes | | |
| Э. | expenses of people other than | | | | | |
| | yourself and your dependents? | | | | | |
| Par | t 2: Estimate Your Ongoing Monthly Expenses | | | | | |
| | imate your expenses as of your bankruptcy filing date unless yo | | | | | |
| | enses as of a date after the bankruptcy is filed. If this is a supple plicable date. | emental Schedule J, check th | e box at the top of t | ne form and fill in the | | |
| • | | | | | | |
| | lude expenses paid for with non-cash government assistance if y ue of such assistance and have included it on Schedule I: Your l | | | | | |
| | ficial Form 106I.) | | Your exp | enses | | |
| | | | | | | |
| 4. | The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot. | clude first mortgage 4. | \$ | 500.00 | | |
| | payments and any tent for the ground of lot. | | ` | | | |
| | If not included in line 4: | | | | | |
| | 4a. Real estate taxes | 4a. | \$ | 0.00 | | |
| | 4b. Property, homeowner's, or renter's insurance | 4b. | \$ | 0.00 | | |
| | 4c. Home maintenance, repair, and upkeep expenses | 4c. | \$ | 0.00 | | |
| _ | 4d. Homeowner's association or condominium dues | 4d. | \$ | 0.00 | | |
| 5 | Additional mortgage nayments for your residence, such as home | no occum/roope 5 | | 0.00 | | |

| Medical and dental expenses11.Transportation. Include gas, maintenance, bus or train fare.12.Do not include car payments.12.Entertainment, clubs, recreation, newspapers, magazines, and books13.Charitable contributions and religious donations14.Insurance.15a.Do not include insurance deducted from your pay or included in lines 4 or 20.15a. Life insurance15a.15b. Health insurance15b.15c. Vehicle insurance15c.15d. Other insurance. Specify:15d.Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.16c.Specify:16.Installment or lease payments:17a.17a. Car payments for Vehicle 117a.17b. Car payments for Vehicle 217b.17c. Other. Specify:Rental Car17c.17d. Other. Specify:Rental Car17c.Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).18.Other payments you make to support others who do not live with you.Specify:19. | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | 90.00 0.00 200.00 0.00 0.00 250.00 200.00 400.00 100.00 0.00 0.00 0.00 0.00 |
|--|--|---|
| 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. 6d. Other. Specify: 6d. Food and housekeeping supplies 7. Childcare and children's education costs 8. Clothing, laundry, and dry cleaning 9. Personal care products and services 10. Medical and dental expenses 11. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. Entertainment, clubs, recreation, newspapers, magazines, and books 13. Charitable contributions and religious donations 14. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. Installment or lease payments: 17a. Car payments for Vehicle 2 17b. Car payments for Vehicle 2 17c. Other. Specify: Rental Car 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 18d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106l). Other payments you make to support others who do not live with you. Specify: 19d. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: You 20a. Mortgages on other property 20a. Mortgages on other property 20b. Real estate taxes 20b. 20c. Property, homeowner's, or renter's insurance | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | 0.00 200.00 0.00 0.00 250.00 200.00 400.00 60.00 0.00 |
| 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: Food and housekeeping supplies 7. Childcare and children's education costs 8. Clothing, laundry, and dry cleaning 9. Personal care products and services 10. Medical and dental expenses 11. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. Entertainment, clubs, recreation, newspapers, magazines, and books 13. Charitable contributions and religious donations 14. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance. Specify: 15d. Other insurance. Specify: 15d. Other insurance. Specify: 16e. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 17e. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: You 20a. Mortgages on other property 20a. Mortgages on other property 20b. Real estate taxes 20b. Property, homeowner's, or renter's insurance | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | 200.00 0.00 0.00 250.00 200.00 400.00 100.00 0.00 0.00 0.00 |
| 6d. Other. Specify: 6d. Food and housekeeping supplies 7. Childcare and children's education costs 8. Clothing, laundry, and dry cleaning 9. Personal care products and services 10. Medical and dental expenses 10. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. Entertainment, clubs, recreation, newspapers, magazines, and books 13. Charitable contributions and religious donations 14. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. 15b. Health insurance 15c. 15c. Vehicle insurance 9. 15d. Other insurance. Specify: 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. Installment or lease payments: 17a. Car payments for Vehicle 1 17a. 17b. Car payments for Vehicle 2 17b. 17c. Other. Specify: Rental Car 17c. 17d. Other. Specify: Rental Car 17c. Vour payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: You 20a. Mortgages on other property 20a. | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | 0.00 0.00 250.00 200.00 400.00 100.00 0.00 0.00 |
| Food and housekeeping supplies Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services 10. Medical and dental expenses 11. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books 13. Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance. Specify: 15d. Other insurance. Specify: 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 1 17c. Other. Specify: Rental Car 17d. Other. Specify: Rental Car 17d. Other. Specify: Rental Car 17d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: You 20a. Mortgages on other property 20a. Mortgages on other property 20b. Real estate taxes 20b. 20c. Property, homeowner's, or renter's insurance | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | 0.00 0.00 250.00 200.00 400.00 100.00 0.00 0.00 |
| Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services 10. Medical and dental expenses 11. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books 13. Charitable contributions and religious donations 14. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 15d. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). Other payments you make to support others who do not live with you. Specify: 10. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: You 20a. Mortgages on other property 20a. Mortgages on other property 20a. Property, homeowner's, or renter's insurance 20b. 20c. Property, homeowner's, or renter's insurance | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | 0.00 250.00 200.00 400.00 100.00 60.00 0.00 0.00 |
| Clothing, laundry, and dry cleaning Personal care products and services 10. Medical and dental expenses 11. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books 13. Charitable contributions and religious donations 14. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15c. 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15d. Tother insurance. Specify: 16c. 16d. 17d. 17d. 17d. 17d. 17d. 17d. 17d. 17 | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | 250.00 200.00 400.00 100.00 60.00 0.00 0.00 |
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| Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17b. 17c. Other. Specify: Rental Car 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). Other payments you make to support others who do not live with you. Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: You 20a. Mortgages on other property 20a. Mortgages on other property 20a. Property, homeowner's, or renter's insurance | \$ | 200.00 400.00 100.00 60.00 0.00 0.00 0.00 |
| Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17b. 17c. Other. Specify: Rental Car 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). Other payments you make to support others who do not live with you. Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: You 20a. Mortgages on other property 20a. Mortgages on other property 20a. Property, homeowner's, or renter's insurance | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | 400.00 100.00 60.00 0.00 0.00 0.00 0.00 |
| Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: Rental Car 17d. Other. Specify: Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). Other payments you make to support others who do not live with you. Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: You 20a. Mortgages on other property 20a. Mortgages on other property 20b. Real estate taxes 20b. 20c. Property, homeowner's, or renter's insurance | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | 100.00 60.00 0.00 0.00 0.00 0.00 |
| Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: Rental Car 17d. Other. Specify: Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). Other payments you make to support others who do not live with you. Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: You 20a. Mortgages on other property 20a. Mortgages on other property 20b. Real estate taxes 20b. 20c. Property, homeowner's, or renter's insurance | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | 0.00 0.00 0.00 0.00 0.00 |
| Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. 15b. Health insurance 15c. 15c. Vehicle insurance Specify: 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. Installment or lease payments: 17a. Car payments for Vehicle 1 17a. 17b. Car payments for Vehicle 2 17b. 17c. Other. Specify: Rental Car 17c. 17d. Other. Specify: Rental Car 17c. 17d. Other. Specify: Namintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). Other payments you make to support others who do not live with you. Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: You 20a. Mortgages on other property 20a. 20b. Real estate taxes 20b. 20c. Property, homeowner's, or renter's insurance 20c. | \$ | 0.00 0.00 0.00 0.00 |
| Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. 15b. Health insurance 15c. 15c. Vehicle insurance 15c. 15d. Other insurance. Specify: 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. Installment or lease payments: 17a. Car payments for Vehicle 1 17a. 17b. Car payments for Vehicle 2 17b. 17c. Other. Specify: Rental Car 17c. 17d. Other. Specify: Rental Car 17d. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). Other payments you make to support others who do not live with you. Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: You 20a. Mortgages on other property 20a. 20b. Real estate taxes 20b. 20c. Property, homeowner's, or renter's insurance | \$ | 0.00 0.00 0.00 |
| Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. 15b. Health insurance 15c. 15c. Vehicle insurance 5pecify: 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. Installment or lease payments: 17a. Car payments for Vehicle 1 17a. 17b. Car payments for Vehicle 2 17b. 17c. Other. Specify: Rental Car 17c. 17d. Other. Specify: 17d. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: You 20a. Mortgages on other property 20a. 20b. Real estate taxes 20b. 20c. Property, homeowner's, or renter's insurance 20c. | \$ \$ \$ | 0.00 0.00 |
| 15a. Life insurance 15b. Health insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15c. Other insurance. Specify: 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. Installment or lease payments: 17a. Car payments for Vehicle 1 17a. Car payments for Vehicle 2 17b. 17b. Car payments for Vehicle 2 17b. 17c. Other. Specify: Rental Car 17c. 17d. Other. Specify: Rental Car 17c. 17d. Other. Specify: 17d. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. Other payments you make to support others who do not live with you. Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: You 20a. Mortgages on other property 20a. Mortgages on other property 20a. 20b. Real estate taxes 20b. 20c. Property, homeowner's, or renter's insurance 20c. | \$ \$ \$ | 0.00 0.00 |
| 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15c. Vehicle insurance 15c. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. Installment or lease payments: 17a. Car payments for Vehicle 1 17a. 17b. Car payments for Vehicle 2 17b. 17c. Other. Specify: Rental Car 17c. 17d. Other. Specify: Rental Car 17c. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). Other payments you make to support others who do not live with you. Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: You 20a. Mortgages on other property 20a. Mortgages on other property 20a. Property, homeowner's, or renter's insurance 20c. | \$ \$ \$ | 0.00 0.00 |
| 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. Installment or lease payments: 17a. Car payments for Vehicle 1 17a. 17b. Car payments for Vehicle 2 17b. 17c. Other. Specify: Rental Car 17c. 17d. Other. Specify: Rental Car 17c. 17d. Other. Specify: 17d. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. Other payments you make to support others who do not live with you. Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: You 20a. Mortgages on other property 20a. Mortgages on other property 20a. 20b. Real estate taxes 20b. 20c. Property, homeowner's, or renter's insurance 20c. | \$ \$ \$ | 0.00 |
| 15d. Other insurance. Specify: 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. Installment or lease payments: 17a. Car payments for Vehicle 1 17a. 17b. Car payments for Vehicle 2 17b. 17c. Other. Specify: Rental Car 17c. 17d. Other. Specify: Rental Car 17c. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. Other payments you make to support others who do not live with you. Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: You 20a. Mortgages on other property 20a. 20b. Real estate taxes 20b. 20c. Property, homeowner's, or renter's insurance 20c. | \$ | |
| Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. Installment or lease payments: 17a. Car payments for Vehicle 1 17a. 17b. Car payments for Vehicle 2 17b. 17c. Other. Specify: Rental Car 17c. 17d. Other. Specify: Rental Car 17c. 17d. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). Other payments you make to support others who do not live with you. Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: You 20a. Mortgages on other property 20a. 20b. Real estate taxes 20b. 20c. Property, homeowner's, or renter's insurance 20c. | \$ | 0.00 |
| Specify: 16. Installment or lease payments: 17a. Car payments for Vehicle 1 17a. 17b. Car payments for Vehicle 2 17b. 17c. Other. Specify: Rental Car 17c. 17d. Other. Specify: Rental Car 17d. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). Other payments you make to support others who do not live with you. Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: You 20a. Mortgages on other property 20a. 20b. Real estate taxes 20b. 20c. Property, homeowner's, or renter's insurance 20c. | · | |
| Installment or lease payments: 17a. Car payments for Vehicle 1 17a. 17b. Car payments for Vehicle 2 17b. 17c. Other. Specify: Rental Car 17c. 17d. Other. Specify: Rental Car 17d. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). Other payments you make to support others who do not live with you. Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: You 20a. Mortgages on other property 20a. 20b. Real estate taxes 20b. 20c. Property, homeowner's, or renter's insurance 20c. | · | |
| 17a.Car payments for Vehicle 117a.17b.Car payments for Vehicle 217b.17c.Other. Specify:Rental Car17c.17d.Other. Specify:17d.Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106l).18.Other payments you make to support others who do not live with you.19.Specify:19.Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: You 20a.20a.20a.Mortgages on other property20a.20b.Real estate taxes20b.20c.Property, homeowner's, or renter's insurance20c. | \$ | 0.00 |
| 17b. Car payments for Vehicle 2 17c. Other. Specify: Rental Car 17d. Other. Specify: Rental Car 17d. Other. Specify: 17d. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). Other payments you make to support others who do not live with you. Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: You 20a. Mortgages on other property 20a. 20b. Real estate taxes 20b. 20c. Property, homeowner's, or renter's insurance 20c. | \$ | |
| 17c. Other. Specify: Rental Car 17c. 17d. Other. Specify: 17d. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). Other payments you make to support others who do not live with you. Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: You 20a. Mortgages on other property 20a. 20b. Real estate taxes 20b. 20c. Property, homeowner's, or renter's insurance 20c. | · | 0.00 |
| 17d. Other. Specify: Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). Other payments you make to support others who do not live with you. Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: You 20a. Mortgages on other property 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance | \$ | 0.00 |
| Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). Other payments you make to support others who do not live with you. Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: You 20a. Mortgages on other property 20a. 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance | \$ | 260.00 |
| deducted from your pay on line 5, Schedule I, Your Income (Official Form 106l). Other payments you make to support others who do not live with you. Specify: Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: You 20a. Mortgages on other property 20a. Real estate taxes 20b. Property, homeowner's, or renter's insurance 18. 19. 20. | \$ | 0.00 |
| Other payments you make to support others who do not live with you. Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: You 20a. Mortgages on other property 20a. Real estate taxes 20b. Property, homeowner's, or renter's insurance 20c. | ¢ | 150.00 |
| Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: You 20a. Mortgages on other property 20a. 20b. Real estate taxes 20b. 20c. Property, homeowner's, or renter's insurance 20c. | | |
| Other real property expenses not included in lines 4 or 5 of this form or on Schedule 1: You 20a. Mortgages on other property 20a. Real estate taxes 20b. Property, homeowner's, or renter's insurance 20c. | \$ | 0.00 |
| 20a.Mortgages on other property20a.20b.Real estate taxes20b.20c.Property, homeowner's, or renter's insurance20c. | | |
| 20b. Real estate taxes20c. Property, homeowner's, or renter's insurance20c. | | 0.00 |
| 20c. Property, homeowner's, or renter's insurance 20c. | | |
| · | · | 0.00 |
| 20d. Maintenance, repair, and upkeep expenses 20d. | | 0.00 |
| | · | 0.00 |
| 20e. Homeowner's association or condominium dues 20e. | \$ | 0.00 |
| Other: Specify: Emergency and Incidental funds 21. | +\$ | 100.00 |
| Calculate your monthly expenses | | |
| 22a. Add lines 4 through 21. | \$ | 2,310.00 |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | \$ | _, |
| 22c. Add line 22a and 22b. The result is your monthly expenses. | \$ | 2,310.00 |
| • • • • | | 2,310.00 |
| Calculate your monthly net income. | | |
| 23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. | \$ | 2,367.00 |
| 23b. Copy your monthly expenses from line 22c above. 23b. | -\$ | 2,310.00 |
| | | |
| 23c. Subtract your monthly expenses from your monthly income. | e e | 57.00 |
| The result is your <i>monthly net income</i> . 23c. | \$ | 37.00 |
| Do you expect an increase or decrease in your expenses within the year after you file this to For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage modification to the terms of your mortgage? No. | | rease because of |

per month

Software Copyright (c) 2021 CINGroup - www.cincompass.com

Case 21-58265-pmb Doc 1 Filed 11/03/21 Entered 11/03/21 22:23:59 Desc Main Document Page 38 of 53 United States Bankruptcy Court Northern District of Georgia, Atlanta Division

| IN RE: | | Case No | |
|--|-------------------------------|-----------------------------------|---------------------------------|
| Covington, Michael | | Chapter 7 | |
| Debtor(s) | | | |
| BUSINESS | S INCOME AND EXPE | NSES | |
| FINANCIAL REVIEW OF THE DEBTOR'S BUSI | INESS (Note: ONLY INCL | <u>UDE</u> information directly r | elated to the business |
| operation.) | | | |
| PART A - GROSS BUSINESS INCOME FOR THE PR | REVIOUS 12 MONTHS: | | |
| 1. Gross Income For 12 Months Prior to Filing: | | \$1,860.00 | <u>0</u> |
| PART B - ESTIMATED AVERAGE FUTURE GROSS | S MONTHLY INCOME: | | |
| 2. Gross Monthly Income: | | | \$1,860.00 |
| PART C - ESTIMATED FUTURE MONTHLY EXPE | NSES: | | |
| Net Employee Payroll (Other Than Debtor) Payroll Taxes Unemployment Taxes Worker's Compensation Other Taxes Inventory Purchases (Including raw materials) Purchase of Feed/Fertilizer/Seed/Spray Rent (Other than debtor's principal residence) Utilities Office Expenses and Supplies Repairs and Maintenance Vehicle Expenses Travel and Entertainment Equipment Rental and Leases Legal/Accounting/Other Professional Fees Insurance Employee Benefits (e.g., pension, medical, etc.) Payments to be Made Directly by Debtor to Secure Business Debts (Specify): | ed Creditors for Pre-Petition | \$ | - - - - - - - |
| 21. Other (Specify): Meals Hotel | 1,000.00 860.00 | \$1,860.00 | D |
| 22. Total Monthly Expenses (Add items 3-21) | | | \$1,860.00 |
| PART D - ESTIMATED AVERAGE <u>NET</u> MONTHLY | / INCOME | | |

23. **AVERAGE NET MONTHLY INCOME** (Subtract Item 22 from Item 2)

| Fill in this in | formation to identify yo | our case. | | | |
|--|--------------------------------|--|-----------------------------|-----------------------------|---|
| Debtor 1 | Michael Covingto | | | | |
| Debior 1 | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | nkruptcy Court for the: | NORTHERN DISTRICT | OF GEORGIA, ATLANTA | A DIVISION | |
| Case number | | | | | |
| (if known) | | | | | ☐ Check if this is an amended filing |
| If two married pe You must file this obtaining money | ople are filing together, | both are equally respor be bankruptcy schedules connection with a bank | | | |
| Sign | n Below | | | | |
| Did you pay | y or agree to pay some | one who is NOT an attor | ney to help you fill out ba | ankruptcy forms? | |
| ■ No | | | | | |
| ☐ Yes. N | Name of person | | | | ey Petition Preparer's Notice, Signature (Official Form 119) |
| | ity of perjury, I declare to | that I have read the sum | mary and schedules filed | I with this declaration and | |
| X /s/ Mic | hael Covington | | X | | |
| Michae | el Covington re of Debtor 1 | | Signature of | Debtor 2 | |
| Date | November 3, 2021 | | Date | | |

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| Fill in th | is information to identify your cas | se: | | | | |
|---------------------------------|--|--|---|--|--|--|
| Debtor 1 | Michael Covington | | | | | |
| | First Name Midd | lle Name Last Name | | | | |
| Debtor 2 (Spouse if, filing) | First Name Midd | lle Name Last Name | | | | |
| United States Ba | nkruptcy Court for the: NORTHE | ERN DISTRICT OF GEORGIA, ATLANTA DIVISION | | | | |
| Office States Ba | intropicy countries inc. | ENVERONMENT OF GEORGIA, MEANING ON | | | | |
| Case number _ (if known) | | | ☐ Check if this is an amended filing | | | |
| Statemer | Official Form 108 Statement of Intention for Individuals Filing Under Chapter 7 12/15 If you are an individual filing under chapter 7, you must fill out this form if: | | | | | |
| you have leas | ed personal property and the leas s form with the court within 30 day ver is earlier, unless the court ext | | | | | |
| | ople are filing together in a joint c | ease, both are equally responsible for supplying correct infor | mation. Both debtors must sign | | | |
| write ye | Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Part 1: List Your Creditors Who Have Secured Claims | | | | | |
| 1. For any credito | ors that you listed in Part 1 of Sch | edule D: Creditors Who Have Claims Secured by Property (O | fficial Form 106D), fill in the | | | |
| information be | • | , , , , | Did you claim the property as exempt on Schedule C? | | | |
| Creditor's | | ☐ Surrender the property. | □ No | | | |
| name: Description of | | Retain the property and redeem it.Retain the property and enter into a Reaffirmation Agreement. | ☐ Yes | | | |
| property | | Retain the property and [explain]: | | | | |
| securing debt: | | | - | | | |
| Creditor's | | ☐ Surrender the property. | □ No | | | |
| name: | | Retain the property and redeem it. | | | | |
| Description of | | ☐ Retain the property and enter into a <i>Reaffirmation</i> | ☐ Yes | | | |
| Description of property | | Agreement. ☐ Retain the property and [explain]: | | | | |
| securing debt: | | текант ше ргореку апо [ехріант]. | | | | |
| Croditorio | | | | | | |
| Creditor's name: | | ☐ Surrender the property.☐ Retain the property and redeem it. | □ No | | | |
| Description of | | ☐ Retain the property and enter into a <i>Reaffirmation</i> | ☐ Yes | | | |
| property | | Agreement. ☐ Retain the property and [explain]: | | | | |

Official Form 108

Creditor's

securing debt:

☐ Surrender the property.

☐ No

Case 21-58265-pmb Doc 1 Filed 11/03/21 Entered 11/03/21 22:23:59 Desc Main Document Page 41 of 53

| Debtor 1 Covington, Michael | | Case number (if known) | |
|-----------------------------|---|---|-----------------------------|
| name: | | ☐ Retain the property and redeem it. | ☐ Yes |
| | | ☐ Retain the property and redeem it. ☐ Retain the property and enter into a <i>Reaffirmation</i> | L 165 |
| Description of | | Agreement. | |
| propert | • | ☐ Retain the property and [explain]: | |
| securin | ng debt: | | - |
| | | | |
| For any u | nation below. Do not list real estate leases | Leases u listed in Schedule G: Executory Contracts and Unexpired L s. Unexpired leases are leases that are still in effect; the lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2). | |
| Describe | your unexpired personal property leases | S | Will the lease be assumed? |
| Lessor's r | | | □ No |
| | on of leased | | _ |
| Property: | | | ☐ Yes |
| Lessor's r | name: on of leased | | □ No |
| Property: | on or leased | | ☐ Yes |
| Lessor's r | name: | | □ No |
| | on of leased | | _ 140 |
| Property: | | | ☐ Yes |
| Lessor's r | | | □ No |
| Property: | on of leased | | ☐ Yes |
| Lessor's r | name: | | □ No |
| Description | on of leased | | |
| Property: | | | ☐ Yes |
| Lessor's r | | | □ No |
| Property: | on of leased | | ☐ Yes |
| Lessor's r | name: | | □ No |
| Description Property: | on of leased | | ☐ Yes |
| David 0 | lo' p. t | | |
| Part 3: | Sign Below | | |
| | nalty of perjury, I declare that I have indic | ated my intention about any property of my estate that secu | res a debt and any personal |
| , | Michael Covington | X | |
| | hael Covington | XSignature of Debtor 2 | |
| | ature of Debtor 1 | - | |
| Date | November 3, 2021 | Date | |
| | | | |

Case 21-58265-pmb Doc 1 Filed 11/03/21 Entered 11/03/21 22:23:59 Desc Main Document Page 42 of 53

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Georgia, Atlanta Division

| In re | Covington, Michael | | Case N | lo | |
|-------------|--|--|--------------------|-----------------------|--------------------|
| | | Debtor(s) | Chapte | 7 | |
| | DISCLOSURE OF COMP | ENSATION OF ATTO | ORNEY FOI | R DEBTOR | |
| c | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 20 ompensation paid to me within one year before the file rendered on behalf of the debtor(s) in contemplation | ing of the petition in bankrupto | y, or agreed to be | paid to me, for servi | |
| | For legal services, I have agreed to accept | | \$ | 1,500.00 | |
| | Prior to the filing of this statement I have received | 1 | \$ | 1,500.00 | |
| | Balance Due | | \$ | 0.00 | |
| 2. T | The source of the compensation paid to me was: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 3. Т | The source of compensation to be paid to me is: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 4. I | I have not agreed to share the above-disclosed comfirm. | npensation with any other person | n unless they are | members and associa | ates of my law |
| [| ☐ I have agreed to share the above-disclosed compencopy of the agreement, together with a list of the n | | | | f my law firm. A |
| 5. I | n return for the above-disclosed fee, I have agreed to | render legal service for all aspe | cts of the bankrup | otcy case, including: | |
| b c | Analysis of the debtor's financial situation, and reno Preparation and filing of any petition, schedules, sta Representation of the debtor at the meeting of credi [Other provisions as needed] | atement of affairs and plan which | ch may be require | d; | ı bankruptcy; |
| 5. B | By agreement with the debtor(s), the above-disclosed for Representation of the debtor in any discretions or any other adversary proceed initial filing. | schargeability actions, tax | judicial lien av | | |
| | | CERTIFICATION | | | |
| | certify that the foregoing is a complete statement of ankruptcy proceeding. | iny agreement or arrangement f | or payment to me | for representation of | f the debtor(s) in |
| No | ovember 3, 2021 | /s/ Sheronda D | Dobson, Esq | | |
| Do | ate | Sheronda D Do Signature of Attorn Law Offices of S | ey | bson, LLC | |
| | | 3400 Peachtree Atlanta, GA 3032 | | 23 | |
| | | (770) 373-3100 sdd@sdobsonla Name of law firm | Fax: (770) 373- | 3030 | |

| Fill i | n this information to identify your case: | | | directed in this form and in Form |
|-------------|---|---|---|---|
| Deb | tor 1 Michael Covington | | 122A-1Supp: | |
| | otor 2 use, if filing) | | ■ 1. There is no pre | sumption of abuse |
| | | ct of Georgia, Atlanta | applies will be | to determine if a presumption of abuse made under Chapter 7 Means Test ficial Form 122A-2). |
| Cas | e number | | | t does not apply now because of qualified but it could apply later. |
| | | | ☐ Check if this is | , |
| Off | ficial Form 122A - 1 | | _ 000 | a ag |
| | apter 7 Statement of Your Cu | urrent Monthly In | ncome | 04/20 |
| sep numb | s complete and accurate as possible. If two married people arate sheet to this form. Include the line number to which per (if known). If you believe that you are exempted from a pary service, complete and file Statement of Exemption from the Calculate Your Current Monthly Income | n the additional information appl a presumption of abuse because | ies. On the top of any add | tional pages, write your name and case consumer debts or because of qualifying |
| | What is your marital and filing status? Check one | only | | |
| ١. | Not married. Fill out Column A, lines 2-11. | only. | | |
| | ☐ Married and your spouse is filing with you. Fill | out both Columns A and B. lin | es 2-11 | |
| | ☐ Married and your spouse is NOT filing with you | , | 00 2 11. | |
| | ☐ Living in the same household and are not le | , , | Columns A and B, lines 2 | 2-11. |
| | ☐ Living separately or are legally separated. F penalty of perjury that you and your spouse are apart for reasons that do not include evading the ill in the average monthly income that you received from 01(10A). For example, if you are filing on September 15, the 6 | legally separated under nonban e Means Test requirements. 11 all sources, derived during the 6 | kruptcy law that applies of U.S.C § 707(b)(7)(B). | r that you and your spouse are living e this bankruptcy case. 11 U.S.C. § |
| 6 | months, add the income for all 6 months and divide the total l | by 6. Fill in the result. Do not include | de any income amount more | than once. For example, if both spouses |
| | property | y in one ocialini only it you have. | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse |
| 2. | Your gross wages, salary, tips, bonuses, overtime payroll deductions). | e, and commissions (before a | \$ 3,805.00 | \$ |
| | Alimony and maintenance payments. Do not include Column B is filled in. | . , | \$0.00 | \$ |
| 4. | All amounts from any source which are regularly of you or your dependents, including child suppo from an unmarried partner, members of your househol roommates. Include regular contributions from a spot Do not include payments you listed on line 3 | ort. Include regular contribution ld, your dependents, parents, a use only if Column B is not fille | is nd | \$ |
| 5. | Net income from operating a business, profession | n, or farm Debtor 1 | | |
| | Grace receipts (before all deductions) | \$ 1,734.00 | | |
| | Groco recorpte (perere an academent) | \$ -1,734.00 | | |
| | Net monthly income from a business, | Cop \$ 0.00 here | | \$ |
| 6. | | | | |
| | | Debtor 1 | | |
| | Gross receipts (before all deductions) | \$ 0.00 | | |
| | Ordinary and necessary operating expenses | -\$ <u>0.00</u> v \$ 0.00 Copy here | e -> \$ 0.00 | \$ |
| - | Net monthly income from rental or other real property | y \$ <u> </u> | \$ 0.00 | \$ \$ |
| 7. | Interest, dividends, and royalties | | Φ | · |

Official Form 122A-1

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Covington, Michael Debtor 1 Case number (if known) Column A Column B Debtor 1 Debtor 2 or non-filing spouse 8. Unemployment compensation 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For your spouse \$ 9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of 0.00 title 10 other than chapter 61 of that title. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments made under the Federal law relating to the national emergency declared by the President under the National Emergencies Act (50 U.S.C. 1601 et seq.) with respect to the coronavirus disease 2019 (COVID-19); payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.. 0.00 0.00 Total amounts from separate pages, if any. \$ 0.00 11. Calculate your total current monthly income. Add lines 2 through 10 for 3.805.00 3.805.00 \$ \$ each column. Then add the total for Column A to the total for Column B. Total current monthly income Part 2: Determine Whether the Means Test Applies to You 12. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11 Copy line 11 here=> 3,805.00 **x** 12 Multiply by 12 (the number of months in a year) 45,660.00 12b. The result is your annual income for this part of the form 12h 13. Calculate the median family income that applies to you. Follow these steps: Fill in the state in which you live. GA Fill in the number of people in your household. 53,105.00 Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy cleix office. 14. How do the lines compare? Line 12b is less than or equal to line 13. On the top of page 1, check box There is no presumption of abuse. Go to Part 3. Do NOT fill out or file Official Form 122A-2. Line 12b is more than line 13. On the top of page 1, check box 2The presumption of abuse is determined by Form 122A-2. 14b. Go to Part 3 and fill out Form 122A-2. Part 3: Sian Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Michael Covington

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| Debtor 1 | Covington, Michael | Case number (if known) | |
|----------|--|------------------------|--|
| | Michael Covington Signature of Debtor 1 | | |
| D | Ate November 3, 2021 MM / DD / YYYY | | |
| | If you checked line 14a, do NOT fill out or file Form 122A-2. | | |
| | If you checked line 14b, fill out Form 122A-2 and file it with this form | 1. | |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapte | er 7: | Liquidation |
|--------|-------|--------------------|
| | \$245 | filing fee |
| | \$78 | administrative fee |
| + | \$15 | trustee surcharge |
| | \$338 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$571 administrative fee \$1.738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$78 | administrative fee |
| | \$278 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$78 | administrative fee |
| | \$313 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses.

In Alabama and North Carolina, go to: http://www.uscourts.gov/services-forms/bankruptcy/cre dit-counseling-and-debtor-education-courses

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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| IN RE: | | Case No |
|------------------------------------|---|---|
| Covington, Michael | | Chapter 7 |
| | Debtor(s) | • |
| | VERIFICATION OF CREDITO | R MATRIX |
| The above named debtor(s) hereby v | verify(ies) that the attached matrix listin | ng creditors is true to the best of my(our) knowledge |
| | | |
| | | |
| Date: November 3, 2021 | Signature: /s/ Michael Covington | |
| | Michael Covington | Debto |
| | | |
| Date: | Signature: | |
| | | |

Joint Debtor, if any

Aspen Dental C/o National Recovery Agen 2491 Paxton St Harrisburg, PA 17111-1036

Associated Credit Unio 6789 Peachtree Atlanta, GA 30301

Associated Credit Union 6251 Crooked Creek Rd Peachtree Corners, GA 30092-3107

Cep America LLC C/o Wakefield & Associates PO Box 50250 Knoxville, TN 37950-0250

Chrysler Capital PO Box 961212 Fort Worth, TX 76161-0212

Comcast Cable 5729 W Denneys Rd Dover, DE 19904

Convergent Outsourcing PO Box 9004 Renton, WA 98057-9004

Covington Credit of Ga Attn: Bankruptcy PO Box 1947 Greenville, SC 29602-1947

Credit Management Lp 6080 Tennyson Pkwy Plano, TX 75024-6001

Enhanced Recovery Co L PO Box 57547 Jacksonville, FL 32241-7547

Georgia Natural Gas PO Box 440667 Kennesaw, GA 30160-9533

Jefferson Capital Syst 16 McLeland Rd Saint Cloud, MN 56303-2198

PLATINUM MC C/o Jefferson Capital Syst 16 McLeland Rd Saint Cloud, MN 56303-2198

Rockdale Medical Center C/o Dynamic Recovery Solut 135 Interstate Blvd Unit 6 Greenville, SC 29615-5720 Santander Consumer USA Attn: Bankruptcy PO Box 961245 Fort Worth, TX 76161-0244

Southern Orthopaedic Surgeon C/o Holl Crd PO Box 230609 Montgomery, AL 36123-0609

Sprint
P.O. Box 219554,
Kansas City, MO 64121-9554

Troy Hosp Staffing LLC C/o Cac Fin Coll 2601 NW Expressway Oklahoma City, OK 73112-7272

Verizon Wireless P.O. Box 26055 Minneapolis, MN 55426

Woodland Trace Apts C/o National Credit System PO Box 312125 Atlanta, GA 31131-2125